

AUTO CR - LOG SUMMARY #1072911

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the officers were executing a search warrant when the subject pointed a weapon at them. The involved officers discharged their weapons without any hits or injury to the subject.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LOPEZ, SILVIA M			010 /	SERGEANT OF POLICE	F	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
10-DEC-2014 06:55 - 10-DEC-2014 06:55		1012	010	090 - APARTMENT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject						M	BLK		
CPD Employee	Witness	CAMACHO, CARMELO	4385		010 /	POLICE OFFICER	M	S		
CPD Employee	Involved Member	DESAI, RISHI R	20198		193 /	POLICE OFFICER	M	API		
CPD Employee	Involved Member	GREENWOOD, DAVID P	21203		015 / 193	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JAN-2015 10:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-JAN-2015 10:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	12-JAN-2015 09:50	HITT, MARK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	12-JAN-2015 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	11-DEC-2014 09:49	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs drug and alcohol reports.
PRELIMINARY	10-DEC-2014 06:52	SHEETS, FRANK	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-DEC-2014 10:35	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOUSANT, LISA	10-DEC-2014 10:35			
	DOCUMENTS - INTAKE INCIDENT		2	H [REDACTED] Assault - Aggravated PO. Handgun	N	SHEETS, FRANK	10-DEC-2014 06:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO David Greenwood	N	SHEETS, FRANK	10-DEC-2014 06:49	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		26		N	TOUSANT, LISA	12-JAN-2015 09:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO David Greenwood	N	SHEETS, FRANK	10-DEC-2014 06:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Carmelo Camacho	N	SHEETS, FRANK	10-DEC-2014 06:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Carmelo Camacho	N	SHEETS, FRANK	10-DEC-2014 06:49	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Rishi Desai	N	SHEETS, FRANK	10-DEC-2014 06:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	H [REDACTED] Weapons Violation - Unlawful Poss of Handgun	N	SHEETS, FRANK	10-DEC-2014 06:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Rishi Desai	N	SHEETS, FRANK	10-DEC-2014 06:48	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 10-DEC-2014) - LOG #1072911

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LOPEZ, SILVIA M			010 /	SERGEANT OF POLICE	F	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
10-DEC-2014 06:55 - 10-DEC-2014 06:55		1012	010	090 - APARTMENT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	10-DEC-2014 10:35	TOUSANT, LISA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JAN-2015 10:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	10-DEC-2014 10:35	TOUSANT, LISA	INTAKE AIDE	113 /	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID [REDACTED]
EVENT [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 143a - Weapons Violation - Unlawful Poss Of Handgun		
	Occurrence Location: [REDACTED] 090 - Apartment	Beat: 1012	Unit Assigned: 65451 RO Arrival Date: 10 December 2014 06:55
	Occurrence Date: 10 December 2014 06:55		# Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: GREENWOOD #15128, David		
	Res: 3340 W Fillmore St Chicago IL		
	Beat: 1134		
	Sobriety: Sober CPD Officer: Yes		
	VICTIM - Individual		Police Officer
Name: CAMACHO #4385, Carmelo			
Res: 3315 W Ogden Ave Chicago IL			
Beat: 1024			
Sobriety: Sober CPD Officer: Yes			
VICTIM - Individual		Police Officer	
Name: DESAI #10409, Rishi			
Res: 3340 W Fillmore St Chicago IL			
Beat: 1134			
Sobriety: Sober CPD Officer: Yes			

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]	Beat: 1012	Demographics
	Res: [REDACTED]		Male Black 5'08, 140 lbs , Brown Eyes Black Hair Short Hair Style Dark Complexion
			DOB: [REDACTED] Age: 21 years Birth Place: Illinois Suspected of Using: Weapon
Scar Marks Descr: [REDACTED]			



Chicago Police Department - Incident Report

RD # [REDACTED]

RELATIONSHIP	GREENWOOD #15128, David	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	CAMACHO #4385, Carmelo	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	DESAI #10409, Rishi	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

GANG INFO	Incident Related Info	
	[REDACTED]	(Suspect)
	Affiliation: MEMBER	Gang Identifications: Tattoo
	Gang Name: [REDACTED]	Admission

NARRATIVES	<p>EVENT [REDACTED] IN SUMMARY: THIS IS A BUREAU OF ORGANIZED CRIME, GANG INVESTIGATIONS DIVISION INVESTIGATION. FURTHER INFORMATION TO FOLLOW BY SUPPLEMENTARY REPORTS. REFERENCE RD# [REDACTED] FOR ADDITIONAL REPORTS PERTAINING TO THIS INCIDENT.</p> <ul style="list-style-type: none"> - STAR#: 10717 NAME: TIMOTHY GORZKOWSKI BEAT: 6545A - STAR#: 10107 NAME: GARY MC GOVERN BEAT: 6545G - STAR#: 13222 NAME: CHARLES HONORE BEAT: 6545F - STAR#: 2015 NAME: DARRELL SPENCER BEAT: 6545 - STAR#: 2447 NAME: SAMUEL DICKERSON JR BEAT: 6570 - STAR#: 6141 NAME: DANIEL CONWAY BEAT: 6571B - STAR#: 13344 NAME: JEFFREY EDWARDS BEAT: 6571A - STAR#: 18811 NAME: ROBERTO GARCIA BEAT: 6570B - STAR#: 11568 NAME: SHARMAUN FREEMAN BEAT: 6570H - STAR#: 6247 NAME: JACINTA O'DRISCOLL BEAT: 6570E - STAR#: 17381 NAME: MICHAEL MAZURSKI BEAT: 5814 - STAR#: 969 NAME: ERIK MADSEN BEAT: 5810 - STAR#: 12411 NAME: JOSE PEREZ BEAT: 4741 - STAR#: 15398 NAME: ANTHONY ONESTO BEAT: 1011 - STAR#: 15128 NAME: DAVID GREENWOOD BEAT: 6545I - STAR#: 208 NAME: JAMES SANCHEZ BEAT: 6500A - STAR#: 254 NAME: SCOTT DEDORE BEAT: 6500B - STAR#: 4385 NAME: CARMELO CAMACHO BEAT: 1011 - STAR#: 7628 NAME: TYSON COLVIN BEAT: 6502A - STAR#: 10409 NAME: RISHI DESAI BEAT: 6570H

PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	10717	[REDACTED]	GORZKOWSKI, Timothy, E	[REDACTED]	10 Dec 2014 16:42	193	6545I

IUCR ASSOCS.	Victim	IUCR	Crime	Offender
	GREENWOOD #15128	143A	Weapons Violation - Unlawful Poss Of Handgun	[REDACTED]
	DESAI #10409	143A	Weapons Violation - Unlawful Poss Of Handgun	[REDACTED]
	CAMACHO #4385	143A	Weapons Violation - Unlawful Poss Of Handgun	[REDACTED]

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #:

EVENT #:

Case ID:

INCIDENT	ASSIGNED TO FIELD		
	IUCR: 0550 - Assault - Aggravated Po: Handgun		
	Occurrence Location: 090 - Apartment	Beat: 1012	Unit Assigned: 1031 RO Arrival Date: 10 December 2014 07:30
	Occurrence Date: 10 December 2014 06:55		# Offenders: 1

NON OFFENDER	VICTIM - Individual		Police Officer	
	Name: CAMACHO, Carmelo		Demographics	
	3315 W Ogden Ave	Beat: 1024	Age:	Years
	Chicago, IL 60623			
	312 - 747 - 7511			
	Sobriety: Sober			
	VICTIM - Individual		Police Officer	
	Name: DESAI, Rishi		Demographics	
	3340 W Fillmore	Beat: 3100	Age:	Years
Chicago, IL				
Sobriety: Sober				
VICTIM - Individual		Police Officer		
Name: GREENWOOD, David		Demographics		
3340 W Fillmore	Beat: 3100	Age:	Years	
Chicago, IL				
Sobriety: Sober				

SUSPECTS	Suspect # 1		In Custody	
	Name:		Demographics	
	Res:	Beat: 1012	Male	DOB:
			Black	Age: 21 years
			5'09,	Birth Place: IL
			160 lbs	
			Unknown Eyes	
		Unknown Hair		
		Unknown Hair Style		
		Unknown Complexion		

RELATIONSHIP	RELATIONSHIP	
	(Victim)	(Offender)
	CAMACHO, Carmelo	is a Unknown of
	(Victim)	
	DESAI, Rishi	is a Other of
(Victim)		
GREENWOOD, David	is a Other of	

DOMESTIC INFO

NOTIFICATIONS

Request Type			Date	Star #	Name
Notification			10 December 2014 08:05	10345	,LEMMON
Request Type	Unit	Agency Name	Date	Star #	Name
Notification	116	Deployment Operations Center	10 December 2014 08:00	8290	Cpic,WILKERSON
Request Type			Date	Empl #	Name
Notification			10 December 2014 10:35		,TOUSANT

NARRATIVE

EVENT # [REDACTED] ON SCENE: BEAT 1000 COMMANDER PENA # 309, BEAT 6500 COMMANDER KENNEDY (UNIT 193), BEAT 6500B LT. DEDORE, BEAT 6500A LT SANCHEZ #208, BEAT 1010 SGT. LOPEZ # 2463, BEAT 1030 SGT. KADUS #1238, BEATS 1011, 1021, BEAT 1034 (CRIME SCENE), BEAT 5814 ET MAZURSKI # 17381. FOR FURTHER INVESTIGATION, SEE DETECTIVE SUPPLEMENTARY REPORT.

- STAR#: 2447 NAME: SAMUEL DICKERSON JR BEAT: 6570
- STAR#: 6247 NAME: JACINTA O'DRISCOLL BEAT: 6570E
- STAR#: 11568 NAME: SHARMAUN FREEMAN BEAT: 6570
- STAR#: 18811 NAME: ROBERTO GARCIA BEAT: 6570B
- STAR#: 2015 NAME: DARRELL SPENCER BEAT: 6545
- STAR#: 10107 NAME: GARY MC GOVERN BEAT: 6545
- STAR#: 10717 NAME: TIMOTHY GORZKOWSKI BEAT: 6545
- STAR#: 13222 NAME: CHARLES HONORE BEAT: 6545F

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1238	[REDACTED]	KADUS, Andrew, R	[REDACTED]	10 Dec 2014 11:10	010	
Detective/Investigator	20739	[REDACTED]	DEENIHAN, Patrick, M	[REDACTED]	10 Dec 2014 14:45	610	
Reporting Officer	7767	[REDACTED]	PULIDO, Robert	[REDACTED]	10 Dec 2014 11:09	010	1031

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 10-DEC-2014		TIME 06:55:00	2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 291		4. BEAT/OCCUR 1012								
		5. POSITION 9161		6. LAST NAME DESAI		7. FIRST NAME RISHI R		8. STAR NO. 10409		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F							
SUBJECT INFORMATION		14. DATE OF APPT. 28-AUG-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 193 6570H		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK							
REASON FOR USE OF FORCE (Check all that apply)		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 140		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
		33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO. [REDACTED] IR NO. [REDACTED]							
WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
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CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
CASE INFO.		WE															

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	730 ILCS 5.0/3-3-9, 720 ILCS 5.0/24-1.8-A-1, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Detectives interviewing

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

CL#1072911

Based on the facts available at the time, it is the preliminary finding that Officer Camacho acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

DATE COMPLETED TIME

10-DEC-2014 12:35:56

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 10-DEC-2014		TIME 06:55:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 090		4. BEAT/OCCUR 1012	
		5. POSITION 9161		6. LAST NAME GREENWOOD		7. FIRST NAME DAVID P		8. STAR NO. 15128		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION		14. DATE OF APPT. 13-SEP-1999		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 015 65451		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
REASON FOR USE OF FORCE (Check all that apply)		24. RACE WHI		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 140		28. PHONE NO. [REDACTED]	
		29. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		33. BY WHOM? [REDACTED]	
WEAPON DISCHARGE INCIDENT		34. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CB NO. [REDACTED]		37. IR NO. [REDACTED]		38. DNA <input type="checkbox"/> DNA	
		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA		41. DNA <input type="checkbox"/> DNA		42. DNA <input type="checkbox"/> DNA		43. DNA <input type="checkbox"/> DNA	
CASE INFO.		44. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		45. ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		46. ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		47. ASSAILANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		48. ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
		49. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		50. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		51. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		52. MEMBER'S RESPONSE KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		53. MEMBER'S RESPONSE FIREARM <input checked="" type="checkbox"/> OTHER _____	
SIGNATURES		55. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		56. ADDITIONAL INFORMATION 9MM BARETTA WITH AN EXTENDED MAGAZINE		57. POSITION [REDACTED]		58. STAR NO. [REDACTED]		59. UNIT [REDACTED]	
		60. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		61. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		62. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		63. WEATHER CONDITIONS CLEAR		64. MAKE/MANUFACTURER SMITH & WESSON -US-(BODYGUARD, CHIEF SPECIAL)	
70. EVENT NO.		66. TASER DART ID NO. [REDACTED]		67. WEAPON SERIAL No. (Include Letters) [REDACTED]		68. CHICAGO GUN REG. NO. [REDACTED]		69. IL FIREARM OWNER ID. NO. [REDACTED]		70. HANDGUN CERTIFICATE NO. [REDACTED]	
		71. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		72. PROPERTY INVENTORY NO. [REDACTED]		73. TYPE OF AMMUNITION USED Department Issued		74. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		75. TOTAL NO. OF SHOTS MEMBER FIRED 1	
71. R.D. NO.		76. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		77. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		78. NO. OF CATDRIDGES/SHOT SHELLS RELOADED 0		79. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		80. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
		81. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		82. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		83. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		84. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		85. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
72. R.D. NO.		86. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		87. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		88. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		89. REPORTING MEMBER (Print Name) GREENWOOD, DAVID P		90. STAR/EMPLOYEE NO. 15128	
		91. SIGNATURE [REDACTED]		92. SIGNATURE [REDACTED]		93. DATE REVIEWED 10-DEC-2014 12:15:46		94. TIME 10-DEC-2014 12:17:56		95. SIGNATURE [REDACTED]	
73. R.D. NO.		96. REVIEWING SUPERVISOR (Print Name) DICKERSON JR, SAMUEL L		97. STAR NO. 2447		98. SIGNATURE [REDACTED]		99. DATE REVIEWED 10-DEC-2014 12:17:56		100. TIME 10-DEC-2014 12:17:56	
		101. SIGNATURE [REDACTED]		102. SIGNATURE [REDACTED]		103. DATE REVIEWED 10-DEC-2014 12:17:56		104. TIME 10-DEC-2014 12:17:56		105. SIGNATURE [REDACTED]	

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	730 ILCS 5.0/3-3-9, 720 ILCS 5.0/24-1.8-A-1, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Detectives interviewing

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

CL#1072911

Based on the facts available at the time, it is the preliminary finding that Officer Camacho acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE

DATE COMPLETED TIME

10-DEC-2014 12:20:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 10-DEC-2014		TIME 06:55:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 090		4. BEAT/OCCUR 1012									
	5. POSITION 9161		6. LAST NAME CAMACHO		7. FIRST NAME CARMELO		8. STAR NO. 4385		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]		12. HT. 511		13. WT. 238		
	14. DATE OF APPT. 18-DEC-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 010 1011		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 160				
	28. PHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	32. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		33. BY WHOM? [REDACTED]		34. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		35. CB NO. [REDACTED]		IR NO. [REDACTED]										
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		
	37. DNA <input type="checkbox"/>																		
	38. DNA <input type="checkbox"/>																		
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>																		
	40. ADDITIONAL INFORMATION [REDACTED]																		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		
CASE INFO.	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																		
	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input checked="" type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																		
	44. WEATHER CONDITIONS CLEAR																		
SIGNATURES	45. MAKE/MANUFACTURER																		
	46. MODEL																		
	47. BARREL LENGTH																		
SIGNATURES	48. CALIBER/GAUGE																		
	49. TASER DART ID NO.																		
	50. WEAPON SERIAL No. (Include Letters)																		
SIGNATURES	51. CHICAGO GUN REG. NO.																		
	52. IL FIREARM OWNER ID. NO.																		
	53. HANDGUN CERTIFICATE NO.																		
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO.																		
	55. PROPERTY INVENTORY NO.																		
	56. TYPE OF AMMUNITION USED																		
SIGNATURES	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																		
	58. TOTAL NO. OF SHOTS MEMBER FIRED																		
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																		
SIGNATURES	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED																		
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																		
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																		
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																		
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
SIGNATURES	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																		
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		
SIGNATURES	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																		
	70. EVENT NO. [REDACTED]																		
	71. R.D. NO. [REDACTED]																		
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/> NOTIFICATIONS (FIREARM INCIDENT): OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. <input type="checkbox"/> Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		
	73. REPORTING MEMBER (Print Name) CAMACHO, CARMELO 10-DEC-2014 11:53:26																		
	74. REVIEWING SUPERVISOR (Print Name) LOPEZ, SILVIA M 2463																		

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	730 ILCS 5.0/3-3-9, 720 ILCS 5.0/24-1.8-A-1, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Detectives interviewing

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

CL#1072911

Based on the facts available at the time, it is the preliminary finding that Officer Camacho acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE

DATE COMPLETED TIME

10-DEC-2014 12:04:56

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) GREENWOOD, DAVID P		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 15128	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 13-SEP-1999	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/> STATE (If outside Chicago)	
UNIT OF ASSIGNMENT 193	BEAT/CALL NO. 65451	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1012
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 10-DEC-2014
HEIGHT 510	WEIGHT 200	TIME 06:55:00	DAY OF WEEK WEDNESDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>3</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>5</u>	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>5</u> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>9 MM</u> <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input checked="" type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD	RACE BLACK		
	CB NO. [REDACTED] IR NO. [REDACTED]		
	WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN		
	GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN		
	NO. OF OFFENDERS PRESENT? <u>1</u>		
	WEATHER CONDITIONS		
	<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		
	APPROXIMATE OUTDOOR TEMPERATURE: <u>30 °F</u>		

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE GREENWOOD, DAVID P	STAR NO. 15128	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE PENA, MARIA C	STAR NO. 309
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OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) DESAI, RISHI R		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 10409	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 28-AUG-2006	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/> STATE (If outside Chicago)	
UNIT OF ASSIGNMENT 193	BEAT/CALL NO. 6570H	LOCATION CODE 291-RESIDENTIAL YARD (FRONT/BAC)	BEAT OF OCCURRENCE 1012
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE ASIAN/PACIFIC ISLAND	DOB [REDACTED]	DATE OF OCCURRENCE 10-DEC-2014
HEIGHT 510	WEIGHT 135	TIME 06:55:00	DAY OF WEEK WEDNESDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 3	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input checked="" type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 5	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 5 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER SEARCH WARRANT		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input checked="" type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED]	
		CB NO. [REDACTED] IR NO. [REDACTED]	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? 1	
		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: 30° F	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE DESAI, RISHI R	STAR NO. 10409	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE PENA, MARIA C	STAR NO. 309
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OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) CAMACHO, CARMELO		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE [REDACTED]	
STAR NO. 4385	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
DATE OF APPOINTMENT 18-DEC-2006	EMPLOYEE NO. [REDACTED]	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1012
UNIT OF ASSIGNMENT 010	BEAT/CALL NO. 1011	DATE OF OCCURRENCE 10-DEC-2014	TIME 06:55:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK WEDNESDAY	
HEIGHT 511	WEIGHT 238	NO. OF OFFICERS BATTERED 3	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		TYPE OF WEAPON/THREAT (Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER 9 MM <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input checked="" type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 30 °F	
TYPE OF OFFENDER'S ACTIVITY: <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1		TYPE OF OFFENDER'S ACTIVITY: <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE
CAMACHO, CARMELO

STAR NO.
4385

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PENA, MARIA C 309

INVESTIGATIONS DIVISION
General Investigations Section

10 December 2014
Log 1072911

TO: Juan RIVERA – Bureau Chief
Bureau of Internal Affairs

ATTN: Robert J. KLIMAS – Commander
Investigations Division

ATTN: Lieutenant Edwin J. KAUP Jr., Star 771
Commanding Officer
General Investigations Section

ATTN: Lieutenant Susan CLARK Star 320
Investigations Division
Administrative Section

FROM: Sergeant Michael P. MURPHY Star 2029
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearms Discharge Incident (NO HITS)**

REFERENCE: LOG : 1072911

**INCIDENT
LOCATION:**



DATE & TIME: 10 December 2014 0655 Hours

Commander: Maria PENA, 10th District

**INVOLVED
MEMBER #1:**

Police Officer David P. GREENWOOD
Star 15128
Employee [REDACTED]
Unit of Assignment: 193
DOA: 13 September 1999
DOB: [REDACTED]

**INVOLVED
MEMBER #2:**

Police Officer Rishi R. DESAI
Star 10409
Employee [REDACTED]
Unit of Assignment: 193
DOA: 28 August 2006
DOB: [REDACTED]

INVESTIGATIONS DIVISION
General Investigations Section

10 December 2014
Log 1072911

RESULTS
INVOLVED

MEMBER #1: B.A.C. - .000

(WD - [REDACTED])

RESULTS
INVOLVED

MEMBER #2: B.A.C. - .000

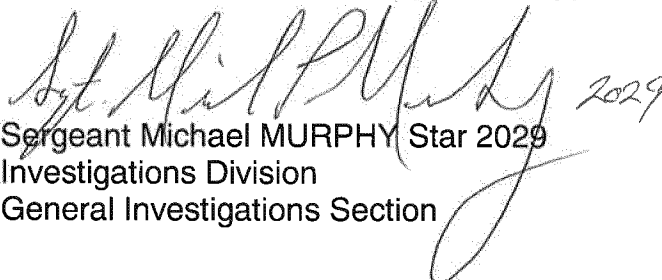
(WD - [REDACTED])

IN SUMMARY: R/Sgt. received notification from Sgt. John TIERNEY, Star 2550 of the Bureau of Internal Affairs at approximately 0745 hours on 10 December 2014 regarding a Firearm Discharge Incident in the 010th District involving P.O. GREENWOOD and P.O. DESAI. R/Sgt responded to Area Central along with Sgt. MATA star 1903 and Sgt STEWART star 1259, where R/Sgt conducted a Breath Test and collected a Urine Specimen from P.O. GREENWOOD.

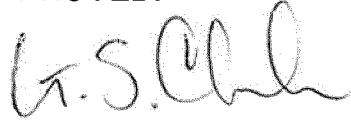
R/Sgt presented P.O. GREENWOOD with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The 20 (twenty) minute observation period of the involved member began at 0940 hours on 10 December 2014. The Breath Test was conducted at 1003 hours on 10 December 2014 and returned with a BAC reading of .000. R/Sgt also collected a urine specimen from P.O. GREENWOOD at 1015 hours on 10 December 2014.

Sgt. MATA conducted a Breath Test and collected a Urine Specimen from P.O. DESAI. Sgt. MATA presented P.O. DESAI with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The 20 (twenty) minute observation period of the involved member began at 0940 hours on 10 December 2014. The Breath Test was conducted at 1009 hours on 10 December 2014 and returned with a BAC reading of .000. Sgt. MATA also collected a urine specimen from P.O. DESAI at 1036 hours on 10 December 2014.

R/Sgt notified Commander PENA of the test results of P.O. GREENWOOD and P.O. DESAI.


Sergeant Michael MURPHY Star 2029
Investigations Division
General Investigations Section

APPROVED:


Lieutenant Susan CLARK Star 320
Investigations Division
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name David P. GREENWOOD Title P.O.
Star No. 15128 Employee No. [REDACTED] Unit 193

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>GREENWOOD DAVID P</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>10 DEC 14 0940</u>
Type of Test: Alcohol	Location: <u>AREA CENTRAL</u>	Date and Time: <u>10 DEC 2014 - 1003 HRS</u>	
Type of Test: Drug	Location: <u>AREA CENTRAL</u>	Date and Time: <u>10 DEC 2014 - 1015 HRS</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>SGT. MURPHY 2029</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time <u>10 DEC 2014 - 1030 HRS</u>
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CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 12-10-14
TEST NO. 0265
ID#

18641
AS IV# [REDACTED]
TEMPERATURE 16 C

SUBJECT TEST
%BAC TIME

000 BLANK
000 AUTO 10:03

ND- [REDACTED]

OPERATOR

Sgt. MORPHY 2029

WITNESS

P.O. K. CARTER 20724

TEST LOCATION

Log# 1072911

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STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
USNA/CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1082SU
3510 S MICHIGAN AVE
CHICAGO IL 60653
PH: 312-745-5053 FAX: 312-745-6819

B. MRO Name, Address, Phone and Fax No. FURT ID: 8401500120

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) MANDATORY POST FIREARM DISCHARGE

G. Drug Tests to be Performed:
☒ 39409N SAP 9-50/300 +HQUA/H

H. Collection Site Name: CHICAGO POLICE DEPT Collection Site Code:
Address: 3510 S MICHIGAN AVE AREA CENTRAL
City, State and Zip: CHICAGO IL 60653
Collector Phone No.: 312-745-5053
Collector Fax No.: 312-745-6819

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X [Signature] 2009 10:15 PM
Signature of Collector Time of Collection
SGT. M. MURPHY 2009 12/10/2011
(Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

RECEIVED AT LAB: X
Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx
☐ Other
Name of Delivery Service Transferring Specimen to Lab

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature] (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Daytime Phone No. () Evening Phone No. () Date of Birth Mo. Day Yr.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT. MURPHY # 2029

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 10th day of December, 2014 at 10:15, I, GREENWOOD DAVID P.,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT MURPHY #2029,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>15128</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2029</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2029</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

_____, on _____, at _____
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 10 day of DEC., 2014, I P.O. HERNANDEZ RICARDO # 18979
received a collected urine specimen from SGT. MURPHY # 2029. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by P.O. HERNANDEZ RICARDO # 18979 in the presence
of SGT. MURPHY # 2029. The following items were removed from

Select One ☒ One tape-sealed vial labeled #
Diagnostics specimen bag and

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. HERNANDEZ RICARDO, as witnessed by SGT. MURPHY

Specimen delivered by:

Signature

2029

Received/stored by:

Signature

18979



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Desai, Rishi R. Title Police Officer
Star No. 10409 Employee No. [REDACTED] Unit 193

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
<u>RISHI DESAI</u>	<u>[Signature]</u>	<u>10 DEC 14 0940</u>

Type of Test: Alcohol	Location: <u>AREA Central</u>	Date and Time: <u>10-DEC-14 1009</u>
Type of Test: Drug	Location: <u>AREA Central</u>	Date and Time: <u>10-DEC-14 1036</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
<u>Sgt. Ricardo MATA #1903</u>	<u>[Signature] #1903</u>	<u>10-DEC-14 1100</u>

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

TEST RECORD
RBT IV

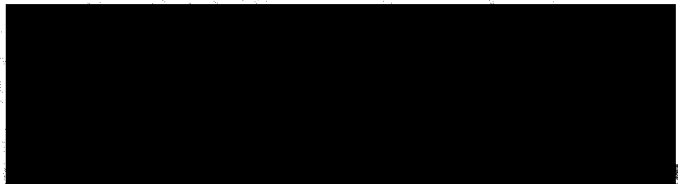
RBT IV# [REDACTED]
DATE 12-18-14
TEST NO. 0266
ID#
102703
AS IV# [REDACTED]
TEMPERATURE 18 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 10:09

[REDACTED]
OPERATOR
Sgt. Mata #1903
WITNESS #
P.O. K. Carter 20724
TEST LOCATION
Log # 1072911

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REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.:
USHU/CHICAGO POLICE DEPT
RANDOM DRUG UNIT B1007SH
3510 S. MICHIGAN AVE
CHICAGO IL 60653
PH: 312-745-5055

B. MRO Name, Address, Phone and Fax No.:
PH: [Redacted] FAX: [Redacted]

C. Donor SSN or Employee I.D. No.: [Redacted]

D. Donor Name: Last: [Redacted] First: [Redacted]

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post Firearm Discharge

G. Drug Tests to be Performed:
☒ 39409N SAP 9-50/300 +MHA/H

H. Collection Site Name: CHICAGO POLICE DEPT Collection Site Code: [Redacted]
Address: 3510 S. MICHIGAN AVE
City, State and Zip: CHICAGO IL 60653 Collector Phone No.: 312-745-5055
Collector Fax No.: 312-745-4619

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector 10:36 AM
Ricardo MATA
(Print) Collector's Name (First, MI, Last) Time of Collection Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx
☐ Other _____ Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒ Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes ☐ No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Daytime Phone No. Evening Phone No. Date of Birth
Mo. Day Yr.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 10th day of DECEMBER, 2014 at 1045, I, RISHI DESAI
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT MATA # 1903
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

_____, on _____, at _____
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 10 day of DEC. 2014, I P.O. HERNANDEZ RICARDO #18979
received a collected urine specimen from SGT. MATA #1903. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. HERNANDEZ RICARDO #18979 in the presence
of SGT. MATA #1903. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled
Diagnostics specimen bag.

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. HERNANDEZ RICARDO #18979, as witnessed by SGT. MATA #1903.

Specimen delivered by:


[Signature] # 1903
Signature

Received/stored by:

[Signature] # 18979
Signature

10 DEC-2014



Last Name: DESAI
First Name: Rishi R.
Rank: PO
Star #: 10409
Unit: 193
Home Zip Code: _____
Date Hired: 28 AUG-06
Birthdate: 



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Desai, Rishi R. Title Police Officer
Star No. 10409 Employee No. [REDACTED] Unit 193

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>RISHI DESAI</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>10 DEC 14 0940</u>
Type of Test: <u>Alcohol</u>	Location: <u>AREA Central</u>	Date and Time: <u>10-DEC-14 1009</u>	
Type of Test: <u>Drug</u>	Location: <u>AREA Central</u>	Date and Time: <u>10-DEC-14 1036</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. Ricardo Mata #1903</u>	B.I.A. Supervisor's Signature <u>[Signature] #1903</u>	Date and Time <u>10-DEC-14 1100</u>
--	---	--

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. Ricardo Mata #1903

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 10th day of DECEMBER, 2014 at 1045, I, RISHI DESAI

(TIME)

(PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. Mata #1903

and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number

A

B

MAIN TEST VIAL - NO.

ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

R. Hernandez
(STAFF MEMBER'S SIGNATURE)

on 10 DEC 2014 at 1140

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

, on

(DATE)

, at

(TIME)

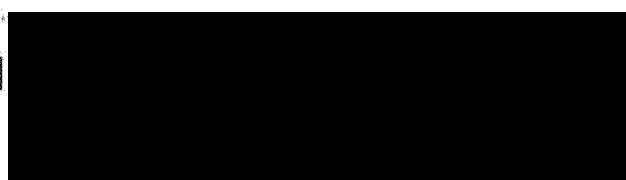
Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

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REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

USNA/CHICAGO POLICE DEPT
RANDOM DRUG UNIT 810075H
3510 S MICHIGAN AVE
CHICAGO IL 60653
PH: 312-745-6053 FAX: 312-745-6019

B. MRO Name, Address, Phone and Fax No. MRO ID: SAP0500020

C. Donor SSN or Employee I.D. No.



D. Donor Name:

Last: First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Mandatory Post-Firearm Discharge

G. Drug Tests to be Performed:

☒ 39409N SAP 9-50/300 -PHTA/TH

H. Collection Site Name:

CHICAGO POLICE DEPT

Collection Site Code:

Address: 3510 S MICHIGAN AVE APPA Center
City, State and Zip: CHICAGO IL 60653

Collector Phone No.: 312-745-6019

Collector Fax No.: 312-745-6019

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector
Ricardo MATA
(Print) Collector's Name (First, MI, Last)

Time of Collection
10:36 AM
12/10/2014
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2--MEDICAL REVIEW OFFICER COPY

CPD 0269265

REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

MEMPHIS POLICE
800 N. GUYTON AVE
MEMPHIS, TN 38103
TEL: 901-527-1000
FAX: 901-527-1000

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) Military Post-Accident Discharge

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ 12/10/2014 10:36 AM
Signature of Collector
Ricardo Rivera
(Print) Collector's Name (First, MI, Last)

Time of Collection
12/10/2014
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 10 day of DEC., 2014, I P.O. HERNANDEZ RICARDO #18979
received a collected urine specimen from SGT. MATA #1903. The specimen
was delivered in sealed /unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. HERNANDEZ RICARDO #18979 in the presence
of SGT. MATA #1903. The following items were removed from:

Select One ☒ One tape-sealed vial labeled
Diagnostics specimen bag

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. HERNANDEZ RICARDO #18979, as witnessed by SGT. MATA #1903

Specimen delivered by:

[Signature] # 1903
Signature

Received/stored by:

[Signature] # 18979
Signature



12/12/2014 5:21:20 AM

Drug Detail Report**PATIENT INFORMATION**

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 12/10/2014 10:36
RECEIVED: 12/11/2014 06:50
REPORTED: 12/11/2014 10:15
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- MANDATORY POST FIREARM DISCHAR

Tests Ordered: 39409N

Integrity Checks**Acceptable Range**

CREATININE	83.2 mg/dL	>= 20 mg/dL
pH	7.7	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSDD06

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: MANDATORY POST FIREARM DISCHAR mapped to OTHR

Last Name: GREENWOOD

First Name: DAVID

Rank: P.O.

Star #: 15128

Unit: 193

Home Zip Code: _____

Date Hired: 13 SEP 99

Birthdate: _____

10 DEC 2014



RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT


On the 10 day of DEC, 2014, I P.O. HERNANDEZ RICARDO # 18979
received a collected urine specimen from SGT. MURPHY # 2029. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. HERNANDEZ RICARDO # 18979 in the presence
of SGT. MURPHY # 2029. The following items were removed from the

Select One ☒ One tape-sealed vial labeled  st
Diagnostics specimen bag and

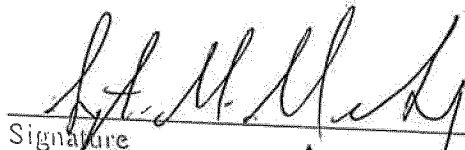
or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. HERNANDEZ RICARDO, as witnessed by SGT. MURPHY

Specimen delivered by:

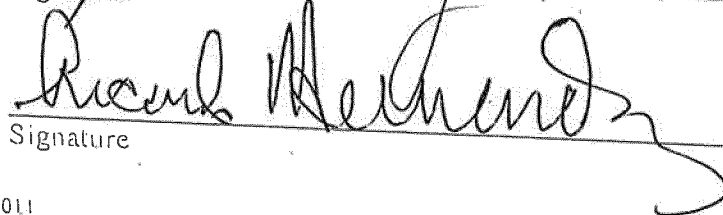
Signature



2029

Received/stored by:

Signature



18979



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name David P. GREENWOOD Title P.O.
Star No. 15128 Employee No. [REDACTED] Unit 193

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>GREENWOOD DAVID P</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>10 DEC 14 0940</u>
Type of Test: Alcohol	Location: <u>AREA CENTRAL</u>	Date and Time: <u>10 DEC 2014 - 1003 HRS</u>	
Type of Test: Drug	Location: <u>AREA CENTRAL</u>	Date and Time: <u>10 DEC 2014 - 1015 HRS</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>SGT. MURPHY 2029</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time <u>10 DEC 2014 - 1030 HRS</u>
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CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT. MURPHY #2029

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 10th day of December, 2014 at 10:15, I, GREENWOOD DAVID P.,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT MURPHY #2029,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>15128</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2029</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2029</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 10 DEC 2014, at 1140,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

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LABORATORY REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

USM/CHICAGO POLICE DEPT
RANDOM DRUG UNIT #108750
3510 S MICHIGAN AVE
CHICAGO IL 60653
PH: 312-745-5053

B. MRO Name, Address, Phone and Fax No. FORM ID: 3/16/0020

Site Location

PH: 312-745-6819

FN:

FX:

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) MANDATORY POST FIREARM DISCHARGE

G. Drug Tests to be Performed:

☒ 39400N SEP 2-51/300 +1010/10

H. Collection Site Name:

CHICAGO POLICE DEPT

Collection Site Code:

Address:

3510 S MICHIGAN AVE AREA CENTRAL

City, State and Zip:

CHICAGO

IL 60653

Collector Phone No.:

312-745-6819

Collector Fax No.:

312-745-6810

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector
SGT. M. MURPHY 2014

Time of Collection
10:15 AM
Date (Mo./Day/Yr.)
12/10/2014

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2-MEDICAL REVIEW OFFICER COPY

CPD 0269273

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) MANDATORY POST FIREARM DISCHARGE

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X [Signature] 2029
Signature of Collector
SGT M. MURPHY 2029
(Print) Collector's Name (First, MI, Last)

10:15 AM
Time of Collection
12/10/2014
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: **X**

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature]
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.



12/12/2014 5:21:20 AM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 12/10/2014 10:15
RECEIVED: 12/11/2014 06:47
REPORTED: 12/11/2014 10:15
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- MANDATORY POST FIREARM DISCHAR

Tests Ordered: 39409N

Integrity Checks

Acceptable Range

CREATININE	34.6 mg/dL	>= 20 mg/dL
pH	7.2	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

Initial	GC/MS Confirm
Test Level	Test Level

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSDD06

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: MANDATORY POST FIREARM DISCHAR mapped to OTHR